FORM B10 (Official Form 10)(4/98)				
LINETED STATES BANKRUPTCY COURT	PROCEOF CLAM			
DISTRICT OF IDAHO (BO	IDE)			
Name of Debtor	Case Number	0:0	, , , , , , , , , , , , , , , , , , , ,	
Luke Alan Larsen	99-02605	K-1(_	
Allison Adele Helton-Larsen				
Amon Adde Hellon-Larson NOTE: This have should not be used to make a claim for the commonscencement of the case. A "request" for payment of a cormant of FLEAC. 3503				
acceptant for 71 LSC 2503		•	Y	ne do la mesa manusia del responso del mante de 18
Constitution in the second	100			
				99-02605
Name of Creditor (The person or other entity to whom the debtor	Check box i	f you are aware	that	
owes money or property):	anyone else	has filed a pro- ig to your clair	of of	
Stephen W French Name and Address where notices should be sent:	conv of state	ement giving p	articulars.	
Name and Address where hodees should be sedd.	☐ Check box i	f you have nev	er	
Stephen W French		y notices from		
2995 N Cole Rd #255 Boise, ID 83704	bankruptcy Check box i	court in this ca	se.	THIS SPACE IS FOR COURT USE ONLY
		dress on the en		THIS SPACE IS TOX COOK! GOL ONO!
		by the court.	1	
Telephone Number:	Check here if	replaces		
Account or other number by which creditor identifies debtor:	this claim	☐ amends	=	filed claim, dated
1. Basis for Claim	☐ Retiree bene	efits as defined	in 11 U.S.C	. §1114(a)
Goods sold	☐ Wages, salar		ensation (fill	out below)
Services performed	Your SS #:	pensation for s	ervices perf	formed
Money loaned	from		et vices bein	
☐ Personal injury/wrongful death ☐ Taxes	(da		(date)	
Other				<u> </u>
2. Date debt was incurred:	3. If court judg	gment, date of	tained:	
1 1/78 100				
4 Total Amount of Claim at Time Case Filed:	\$ 321.	21		
4. Total Amount of Claim at Time Case Filed: If all or part of your claim is secured or entitled to priority, also cor	\$ 32/. nplete Item 5 or 6	2/ below.		Au shits mined statement of all
If all or part of your claim is secured or entitled to priority, also cor Check this box if claim includes interest or other charges in add	\$ 321. mplete Item 5 or 6 lition to the princi	6 below.	the claim.	Attach itemized statement of all
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Chapter 12 and 13 claims, along with any supporting must be filed in duplicate.

IDX PATHOLOGY, PA PO BOX 8359 BOISE, ID 83707 (208) 385-0045 82-0473742

DILL DATE ACCOUNT NUMBER

03-01-2000 I108069

PATIENT NAME

LARSEN, ALLISON

REFERRING PHYSICIAN: PHILIP M KRUEGER, MD

DATE	DR	LOC	REFERENCE	CPT CODE	DESCRIPTION	AMOUNT
	1	13	09299120	88305	SURGICAL PATH GROSS AND	390.00
10-19-1999				ADJUST:	BLUE SHIELD CONTRACTUAL W	68.79CR

BALANCE DUE: 321.21

IDX PATHOLOGY, PA PO BOX 8359 BOISE, ID 83707 (208) 385-0045 82-0473742

BILL DATE ACCOUNT NUMBER

03-01-2000 I108069

PATIENT NAME

LARSEN, ALLISON

REFERRING PHYSICIAN: PHILIP M KRUEGER, MD

DATE	DR	LOC	REFERENCE	CPT CODE	DESCRIPTION	AMOUNT
09-18-1999	1	13	09299120	88305	SURGICAL PATH GROSS AND	390.00
10-19-1999				ADJUST:	BLUE SHIELD CONTRACTUAL W	68.79CR

BALANCE DUE: 321.21